

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 6

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(e)(12)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 23c

7. FEDERAL BUDGET IMPACT: PSDa. FFY 2000 PSD \$ 156,276,000 26,880b. FFY 2001 PSD \$ 134,772,000 150,8799. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION PSD
OR ATTACHMENT (If Applicable):

Attachment 2.2-A, Page 23c

10. SUBJECT OF AMENDMENT: Effective January 1, 2001, Children under age 19 will remain
Medi-Cal eligible for a maximum of twelve months following a determination
of eligibility. This program is referred to as the Continuous Eligibility
for Children Program.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:The Governor's Office does not wish
to review State Plan Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail L. Margolis

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

March 29, 2001

16. RETURN TO:

Department of Health Services
Attn: State Plan Coordinator
714 P Street, Room 1601
Sacramento, CA 95434-7320**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

March 29, 2001

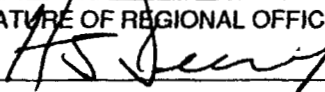
18. DATE APPROVED:

6/27/01**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

ATTACHMENT 2.2A
Page 23c

Citation		Groups Covered
		<p>B. <u>Optional Coverage Other Than the Medically Needy</u> (Continued)</p> <p>the federal poverty level (FPL).</p> <p>The following reasonable classifications of children described above who are under age ____ (18, 19) with family income at or below the percent of the FPL specified for the classification:</p> <p>(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)</p>
1902(e)(12) of the Act	X	<p>22. A child under age <u>19</u> (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of <u>12</u> months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.</p>
1920A of the Act		<p>23. Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest</p>

Approval Date- JUN 27 2001

Effective Date **JAN 1 2001**

HCFA